CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0731	1	Corvallis K-12 Scho	ols	41	K12	
Proposed Restricte	d Indirect Cost Rate	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separat application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
Printed Name of Aut	harizad Official		PO Box 700 City	7ir	Code	
Printed Name of Aut	nonzed Official		City	21	Code	
			Corvallis	598	828	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0732	2	Stevensville Elem		41	EL	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separat application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre					
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box						
Printed Name of Aut	horized Official		300 Park Street City	Zip	Code	
			Stevensville	_	870	
Title			Date	-		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Арі	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0733	2	Stevensville H S		41	HS		
Proposed Restricte	Proposed Restricted Indirect Cost Rate% (Round to nearest hundredth (X.XX%) of a percent.)						
application should be	NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be eturned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:							
allowable in accordan A-87, "Cost Principles	(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.							
	going is true and corre		0/ / 4 ! !	D O D			
Signature of District	Superintendent or B	oard Chairperson	Street Address o 300 Park Street	r P.O. Box			
Printed Name of Aut	horized Official		City	Zip	Code		
			Stevensville	598	870		
Title			Date	1			
Send comp	leted form to: School Accounting an Office of Public Instru PO Box 202501 Helena, MT 59620-28	ction					
ACCEPTED A	ND APPROVED FOR		ENT OF PUBLIC II	NSTRUCTION	BY:		
Арр	proved Rate for FY20	04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0735	3	Hamilton K-12 Scho	41	K12		
Proposed Restricte	d Indirect Cost Rate _	ound to nearest hundr	edth (X.XX%) of	f a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.						
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre		<u> </u>			
Signature of District Superintendent or Board Chairperson Street Address or P.O. Box						
Printed Name of Aut	horized Official		217 Daly Avenue City	Ziŗ	Code	
			Hamilton	598	840	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED A	ND APPROVED FOR	THE SUPERINTEND	ENT OF PUBLIC II	NSTRUCTION	BY:	
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0738	7	Victor K-12 Schools	Victor K-12 Schools		K12	
Proposed Restricte	d Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) o	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separa application should be submitted for the elementary and high school district. A copy of this certification will returned upon approval of your rate.						
_	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordan A-87, "Cost Principles	in this proposal to estance with the requirements for State and Local Golhe attached Predeterm	its of the Federal awa overnments." Unallov	rd(s) to which they wable costs have be	apply and OM een adjusted in	B Circular	
casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
			425 4th Avenue			
Printed Name of Aut	horized Official		City	Ziı	o Code	
			Victor	59	875	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level		
0740	9	Darby K-12 Schools		41	K12		
Proposed Restricte	ed Indirect Cost Rate _	% (Ro	ound to nearest hundr	edth (X.XX%) of	a percent.)		
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.							
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
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casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
	going is true and corre						
Signature of District	: Superintendent or B	oard Chairperson	Street Address o	r P.O. Box			
Printed Name of Aut	bharinad Official		209 School Drive	7:-	· Cada		
Printed Name of Aut	inorized Official		City	Z1	Code		
			Darby	59	829		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:							
Approved Rate for FY2004			Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0741	13 Lone Rock Elem		41	EL		
Proposed Restricte	ed Indirect Cost Rate _	% (Ro	und to nearest hundr	edth (X.XX%) o	f a percent.)	
NSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.						
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
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casual relationship be accordance with appli have not been claime	(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.					
	going is true and corre			_		
Signature of District	Superintendent or B	oard Chairperson	Street Address o	r P.O. Box		
Duinte d Name of Aust	Un a mineral Official		1112 Three Mile C		. 01 -	
Printed Name of Aut	inorized Official		City	ZII	o Code	
			Stevensville	59	870	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

For FY 2003-2004

Legal Entity #	School Dist. #	School Name		County	Level	
0743	15-6	Florence-Carlton K-	41	K12		
Proposed Restricte	d Indirect Cost Rate ₋	% (Ro	ound to nearest hundr	edth (X.XX%) of	f a percent.)	
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separ application should be submitted for the elementary and high school district. A copy of this certification will returned upon approval of your rate.						
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
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	going is true and corre					
Signature of District	Superintendent or B	oard Chairperson	Street Address o			
Printed Name of Aut	horized Official		5602 Old Highway City	93 Zip Code		
rillited Name of Aut	Honzed Official		City	_		
T:41 -			Florence	598	833	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:						
Approved Rate for FY2004			Date Approved			
			Signature			